

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD AND MEDICAL SYSTEM FOR THE POSTDISCHARGE SURVEILLANCE OF A PATIENT
Attorney Docket Number::	4001-1012
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

1005373 012102

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: TILO
Middle Name::
Family Name:: CHRIST
City of Residence:: ERLANGEN
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: ESPENWEG 21

City of Mailing Address:: ERLANGEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 91058

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: VOLKER
Middle Name::
Family Name:: SCHMIDT
City of Residence:: ERLANGEN
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: SIEGLITZHOFER STR. 28

City of Mailing Address:: ERLANGEN
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 91054

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: HANS
Middle Name::
Family Name:: SCHULL
City of Residence:: WEISENDORF
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: GERBERSLEITE 19

City of Mailing Address:: WEISENDORF
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 91085

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: WERNER
Middle Name::
Family Name:: STRIEBEL
City of Residence:: SCHWARZENBRUCK
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing Address:: ROTHENBACHER STRASSE 19

City of Mailing Address:: SCHWARZENBRUCK
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 90592

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	10103325.7	1/25/01	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::